In re	Thomas Rolfzen	According to the calculations required by this statement:
	Debtor(s)	■ The applicable commitment period is 3 years.
Case Number:		☐ The applicable commitment period is 5 years.
	(If known)	☐ Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF IN	CC)MI	E			
	Mari	tal/filing status. Check the box that applies a	nd c	complete the balar	ce	of th	nis part of this state	ment	as directed.	
1	a. 	a. ■ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.								
	b. □	Married. Complete both Column A ("Debto	r's l	Income") and Co	lur	nn F	3 ("Spouse's Incom	ne'') f	for Lines 2-10.	
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before								Column A	Column B
	the fi	ling. If the amount of monthly income varied nonth total by six, and enter the result on the a	dur	ring the six month					Debtor's Income	Spouse's Income
2	Gros	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.				\$	0.00	\$
3										
		Gross receipts	\$	Debtor 0.00	•		Spouse			
	a. b.	Ordinary and necessary business expenses	\$	0.00						
	c.	Business income		btract Line b from				\$	0.00	\$
4	a.	Gross receipts	\$ \$	Debtor 0.00) 5	5	Spouse			
	b.	Ordinary and necessary operating expenses Rent and other real property income	_	0.0 0 abtract Line b from	_		a .	\$	0.00	\$
5	+	1 1 7	וטנ	dotract Line o noi	пт	IIIC a	a	+ -		
3	inter	est, dividends, and royalties.						\$	0.00	\$
6	Pensi	ion and retirement income.						\$	0.00	\$
7	exper purp debto	amounts paid by another person or entity, onses of the debtor or the debtor's dependent ose. Do not include alimony or separate main or's spouse. Each regular payment should be related in Column A, do not report that payment in Column A.	s, in tena	ncluding child sup ance payments or a ted in only one co	ppo amo	rt p ount	aid for that s paid by the	\$	0.00	\$
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:									
		mployment compensation claimed to benefit under the Social Security Act Debtor	r \$	0.00 S	ou	se \$		\$	0.00	\$

9	Income from all other sources. Specify source on a separate page. Total and enter on Line 9. maintenance payments paid by your spouse, separate maintenance. Do not include any be payments received as a victim of a war crime, c international or domestic terrorism.						
		Debtor	Spouse				
	a. b.	\$	\$ \$		\$ 0.	00 \$	
10	Subtotal. Add Lines 2 thru 9 in Column A, and in Column B. Enter the total(s).	l, if Column B is com	pleted, add Lines 2 th	nrough 9		00 \$	
11	Total. If Column B has been completed, add Li the total. If Column B has not been completed,				\$		0.00
	Part II. CALCULATI				ERIOD		
12	Enter the amount from Line 11					\$	0.00
13	Marital Adjustment. If you are married, but ar calculation of the commitment period under § 1 enter on Line 13 the amount of the income liste the household expenses of you or your depende income (such as payment of the spouse's tax lia debtor's dependents) and the amount of income on a separate page. If the conditions for entering a. b. c. Total and enter on Line 13	of your spouse, ular basis for uding this ne debtor or the	\$	0.00			
14	Subtract Line 13 from Line 12 and enter the	result.				<u> </u>	
15	Annualized current monthly income for § 13.	\$	0.00				
16	enter the result. Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: WA b. Enter debtor's household size: 1						53,302.00
17	Application of § 1325(b)(4). Check the applica ■ The amount on Line 15 is less than the amount of page 1 of this statement and continue □ The amount on Line 15 is not less than the at the top of page 1 of this statement and continue at the top of page 1 of this statement and continue the top of the	ount on Line 16. Che with this statement.	neck the box for "The Check the box for "		_		•
	Part III. APPLICATION OF	§ 1325(b)(3) FOR D	ETERMINING DIS	POSABL	E INCOME	1	
18	Enter the amount from Line 11.					\$	0.00
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a.						
	Total and enter on Line 19.	Ψ		1		\$	0.00
20	Current monthly income for § 1325(b)(3). Su	btract Line 19 from I	ine 18 and enter the r	result.		\$	0.00
						-	

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						\$	0.00	
22	Applic	cable median family incom	e. Enter the amount from	n Lin	e 16.			\$	53,302.00
Application of § 1325(b)(3). Check the applicable box and proceed as directed. □ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is deter 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is n 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement.							t deter	mined under §	
	13.		ALCULATION C					ts IV,	v, or vi.
24A	bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						, and miscellaneous. Expenses for the om the clerk of the eallowed as exemptions	\$	
24B	Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in								
	Perso	ns under 65 years of age		Persons 65 years of age or older					
	a1.	Allowance per person		a2.	Allowanc	e per person			
	b1.	Number of persons		b2. Number of persons					
	c1.	Subtotal		c2.	Subtotal			\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						nis information is e family size consists of	\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.								
	a. IRS Housing and Utilities Standards; mortgage/rent expense \$ b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 \$					\$			
home, if any, as stated in Line 47 5 C. Net mortgage/rental expense Subtract Line b from Line a. Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						\$			

27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. 0 1 2 or more.						
	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
27B	Local Standards: transportation; additional public transportation exp for a vehicle and also use public transportation, and you contend that you your public transportation expenses, enter on Line 27B the "Public Trans Standards: Transportation. (This amount is available at www.usdoj.gov/ucourt.)	\$					
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average						
	a. IRS Transportation Standards, Ownership Costs \$						
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47						
		ubtract Line b from Line a.	\$				
29	Local Standards: transportation ownership/lease expense; Vehicle 2. the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IR (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy cound Monthly Payments for any debts secured by Vehicle 2, as stated in Line 4 the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Su	\$					
		ubtract Line b from Line a.	φ				
30	Other Necessary Expenses: taxes. Enter the total average monthly expense state, and local taxes, other than real estate and sales taxes, such as incomposed security taxes, and Medicare taxes. Do not include real estate or sales ta	ne taxes, self employment taxes, social	\$				
31	Other Necessary Expenses: involuntary deductions for employment. deductions that are required for your employment, such as mandatory reti uniform costs. Do not include discretionary amounts, such as voluntary	tirement contributions, union dues, and	\$				
32	Other Necessary Expenses: life insurance. Enter total average monthly life insurance for yourself. Do not include premiums for insurance on y any other form of insurance.		\$				
33	Other Necessary Expenses: court-ordered payments. Enter the total maps pursuant to the order of a court or administrative agency, such as spoinclude payments on past due obligations included in line 49.	\$					
34	Other Necessary Expenses: education for employment or for a physic the total average monthly amount that you actually expend for education education that is required for a physically or mentally challenged dependent providing similar services is available.	\$					
35	Other Necessary Expenses: childcare. Enter the total average monthly childcare - such as baby-sitting, day care, nursery and preschool. Do not		\$				
36	Other Necessary Expenses: health care. Enter the total average monthl health care that is required for the health and welfare of yourself or your of insurance or paid by a health savings account, and that is in excess of the include payments for health insurance or health savings accounts listed	dependents, that is not reimbursed by amount entered in Line 24B. Do not	\$				

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37	Other Necessary Expenses: telecommunic actually pay for telecommunication services pagers, call waiting, caller id, special long d welfare or that of your dependents. Do not	\$					
38	Total Expenses Allowed under IRS Stand	lards. Enter the total of Lines 24 through 37.	\$				
	Subpart I	3: Additional Living Expense Deductions	•				
	Note: Do not include	le any expenses that you have listed in Lines 24-37					
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.						
39	a. Health Insurance	\$					
	b. Disability Insurance	\$					
	c. Health Savings Account	\$					
	Total and enter on Line 39		\$				
	If you do not actually expend this total and below: \$	nount, state your actual total average monthly expenditures in the space					
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.						
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.						
42	Home energy costs. Enter the total average Standards for Housing and Utilities that you trustee with documentation of your actual claimed is reasonable and necessary.	\$					
43	Education expenses for dependent children actually incur, not to exceed \$147.92 per ch school by your dependent children less than documentation of your actual expenses, a necessary and not already accounted for it	\$					
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.						
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable						
46	Total Additional Expense Deductions und	ler § 707(b). Enter the total of Lines 39 through 45.	\$				

		Subpart C: Deductions for I	Debt P	ayment				
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and							
	Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance							
	a.		\$ Tot	tal: Add Lines	□yes □no	\$		
Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.								
	Name of Creditor a.	Property Securing the Debt	9	\$	Total: Add Lines	\$		
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the							
50	a. Projected average month b. Current multiplier for you issued by the Executive of information is available of the bankruptcy court.) c. Average monthly admini	\$						
51	Total Deductions for Debt Payı	nent. Enter the total of Lines 47 through	n 50.			\$		
		Subpart D: Total Deductions	s from	Income				
52	Total of all deductions from inc	ome. Enter the total of Lines 38, 46, and	d 51.			\$		
	Part V. DETER	MINATION OF DISPOSABLE	E INC	OME UND	ER § 1325(b)(2))		
53	53 Total current monthly income. Enter the amount from Line 20.					\$		
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.					\$		
Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).						\$		
56	Total of all deductions allowed	under § 707(b)(2). Enter the amount fr	om Line	52.		\$		

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	Deduction for special circumstances. If there are special circumstance is no reasonable alternative, describe the special circumst finecessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these exports the special circumstances that make such expense necessary.	w. ist		
57	Nature of special circumstances	Amount of Expense		
	a.	\$		
	b.	\$		
	c.	\$		
		Total: Add Lines	\$	
58	Total adjustments to determine disposable income. Add th result.	ne \$		
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.			
	Part VI. ADDITION	AL EXPENSE CLAIMS	· -	
	Other Expenses. List and describe any monthly expenses, no of you and your family and that you contend should be an add 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a seach item. Total the expenses.	litional deduction from your current monthly incom	ne under §	
60	Expense Description	Monthly Amo	ınt	
	a.	\$		
	b.	\$		
	C.	\$		
	d. Total: Add Lin	es a, b, c and d \$		
		, , , , , , , , , , , , , , , , , , , ,		
	Part VII. V	ERIFICATION		
	I declare under penalty of perjury that the information provide <i>must sign.</i>)	ed in this statement is true and correct. (If this is a	joint case, both debtors	
61	Date: August 21, 2012	Signature: /s/ Thomas Rolfzen		
		Thomas Rolfzen		

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2012 to 07/31/2012.

Non-CMI - Social Security Act Income

Source of Income: SOCIAL SECURITY

Income by Month:

6 Months Ago:	02/2012	\$0.00
5 Months Ago:	03/2012	\$0.00
4 Months Ago:	04/2012	\$0.00
3 Months Ago:	05/2012	\$0.00
2 Months Ago:	06/2012	\$1,560.00
Last Month:	07/2012	\$1,560.00
	Average per month:	\$520.00